15/5/2010		CC4/LPC1800	11	LOW LKK	
INS. CASE OWNER		CC /LPC1800	1500/	IDAC:	
ING. CAGE OWNER		ASSIGNM	ENT.		V. L. 61.0
	Dana.	DOI: ASSIGNM	14/18	Date / Time :	414/18
Surveyor:			( (	Registered in Merimen:	
Pre-assign / CCU	/ FTE			Registered in Merimon	
Tre-assign/ ecc		53240			
Insured Vehicle No	. :	4 / 0 ( )	Claim No.	:	
Name of Insured	;		Policy No.	:	
Insured Tel No.		HP:	Make / Model		
Excess Sec II :S\$	· -	D.O.A: 1014/18	Place of Accid		
Is driver the owner	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
If NO, Driver Nan					
Driver Tel N	1 No.: (V/L: YES / NO ) Insured Liability: % Final? Yes / No				
GLRZ817	₹				
					Non a
INSRS: WSP:	INSRS WSP:		INSRS: WSP:	(1 )	NSRS: VSP:
A Tel: OK	Tel:	10—11	Tel:	44 /F	Cel:
Liability: 7	Liabilit	y:	Liability:	1/4 -1/1	iability:
RMKS:	RMKS		RMKS:	D_G F	RMKS:
Date/ Time					
	SUR 38170 -K	3/452040-	7	STAGE	DATE / PIC
		0		Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup	o):
				Call OI:	
				After call ltr to OI;	
				Documentation Check List:	: Handler Typist
				Notification ltr (if non-pickup	))
				After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill: PIR:	
				Mandate/Reject Instruction LOD	1;
				Payment Breakdown Form	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:	% (Agreed	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$ (	days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI [Tick only one]			
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal/R	eject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent	)	2) Report Format:	
Legal Cost	S\$ S\$	Global Sum S\$:		3) Survey fee:	
Total: FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
				Eman Can	
Payee 1:	S\$	Name 1:			

S\$

Name 2:

Name 3:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

## ASSIGNMENT

From: Date:	Veh No: SLR 38 17D. Yr Regn: 2010, July			
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Volkswagen Sciroccoco 1390.			
at Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA			
of	Sp.Reading 1/5391 T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	C/No: WVW 222 13 2 A V 4 4 6 1 1 4.			
Claims No.	Gen. Cond Good Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: norden/ Jammed / Leaked / Burnt or			
(Client's Record)	Brake: norder Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil (S/Rim) STD A/Rim or			
e e	Tyre Size: F: 225/40 RR			
(Policy Condition)	R: 225/40RIR			
Remark: The veh had commenced its N/S O	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or Westlake.			
Bal. or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 2404 18			
Lum Sum: % 3 Val.: Yes or No	Survey held at SL ·			
CA / REV / REP. / 24 HRS	Des. of Damages (Frt) 'Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN/	DUT			
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
TP LON Pac.				
	•			
The Section 1				
the state of the s				
Date/Time, File Pass to? : Preli. Report	Days Of Repair:			
1) : Final Report	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add	Fee: : Site Insp (\$ )s+Rs,si			
	: Interview (\$) Photos			
Report Format :	: Tech. Invs (\$ ) Others			
Lump Sum / I.B.I: (\$	: Weekend (\$ )			
	TOTAL			